

MILWAUKEE COUNTY SPECIAL NEEDS CHILDCARE PROGRAM

REGISTRATION FORM

The registration fee is \$10.00 per class and is non-refundable unless the class is cancelled. This form **MUST** accompany all payments. Accepted forms of payment: Money order or Certified Bank Check. Certified checks and Money orders **must** be made out to: **DHHS**.

Payment must be received no later than three days prior to the date of the class.

**\*\*Mail payment and registration form to: Coggs Center Business Office: 1220 W. Vliet Street, Milwaukee WI 53205.**

If you have questions, call 414-289-6977, or E-mail: [afarah@milwcnty.com](mailto:afarah@milwcnty.com).

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Center Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Need a translator?      Yes      No      Language: \_\_\_\_\_

**Parent of a Child with a Special Need:**      Yes      No

(Parents can attend free if do not need Continuing Ed credits or certificate. Fill out form and mail to Milwaukee County Special Needs Childcare, 1220 W. Vliet, 3<sup>rd</sup> Floor, Milwaukee WI 53205)

**SOCIAL SECURITY #** \_\_\_\_\_

(Necessary for credit with The Registry)

**PROVIDER #** \_\_\_\_\_

CLASSES:

DATES

_____	_____
_____	_____
_____	_____
_____	_____

**\*\*\*Please make copies of this form to sign up for future classes and keep on file.**